

Figure 1

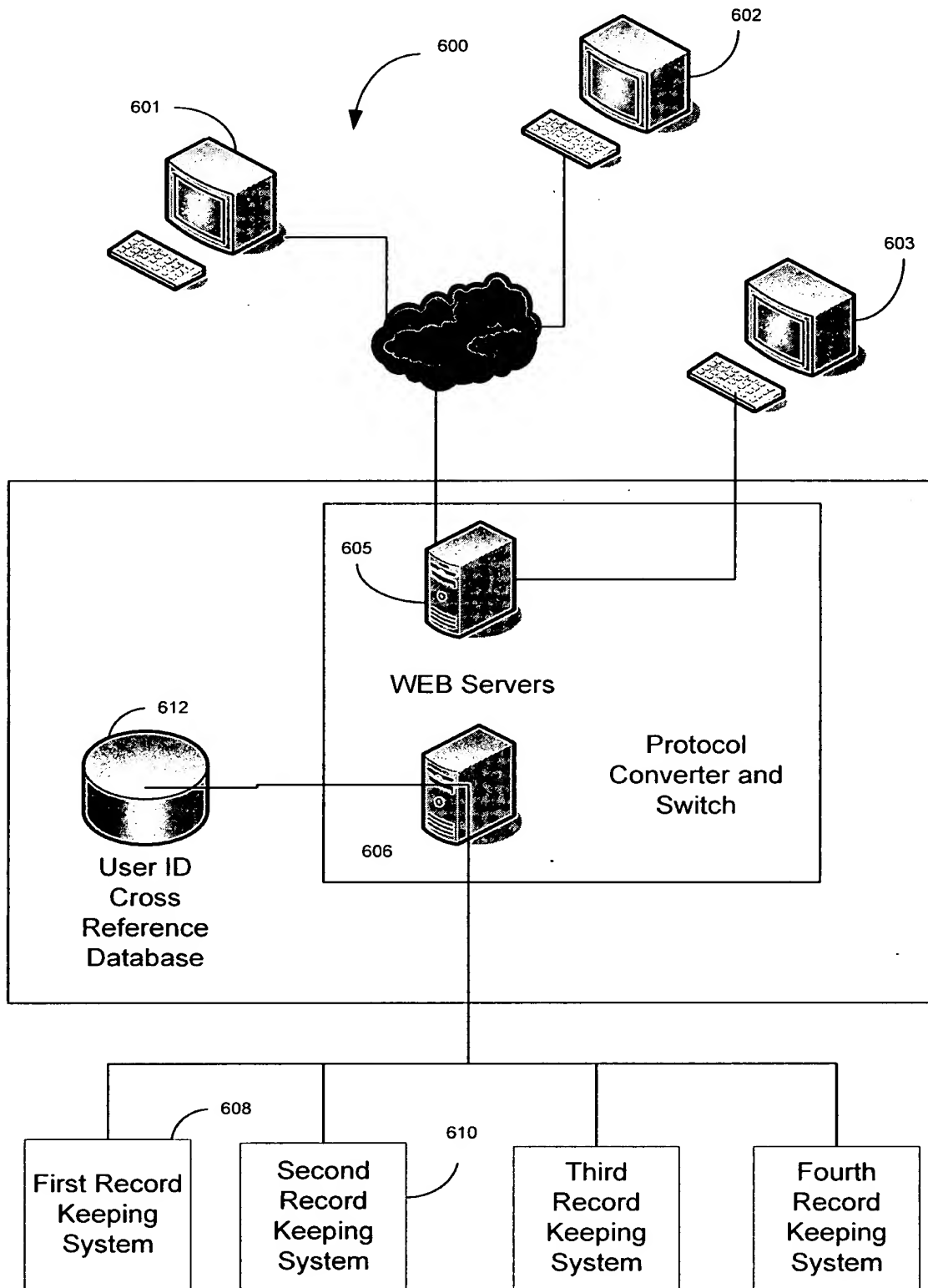


Figure 6

The screenshot shows a web browser window titled "Vision - Signon - IE for DST Systems". The address bar displays "http://www.dstvision.com". The main content area features a signon interface with the following elements:

- Links: "Sign up for Vision", "Change Password", "Help".
- Large stylized text: "Vision".
- Text below "Vision": "Mutual Fund Gateway", "A Product of DST Systems, Inc.".
- Form fields: "Operator ID" and "Password", each followed by a text input box.
- Buttons: "Submit" and the "DST Systems" logo.
- Copyright notice: "Copyright © 1998 DST Systems, Inc. All Rights Reserved."

Sign on window

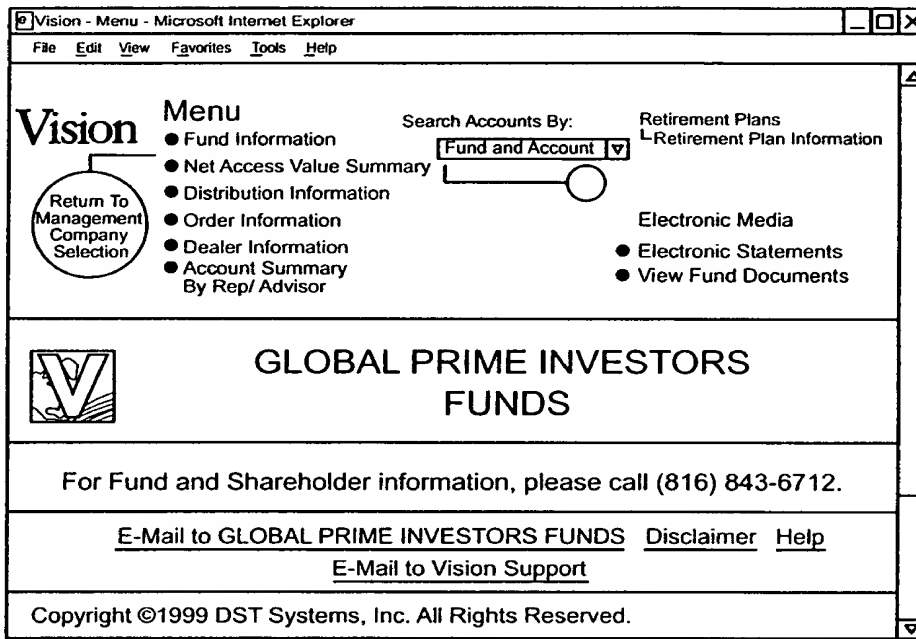
FIGURE 8(A)

The screenshot shows a web browser window titled "Vision - Management Company Selection - IE for DST Systems". The main content area features a management company selection interface with the following elements:

- Logo: A stylized "V" logo.
- Text: "Vision®", "Management Company Selection".
- List of companies (with a scrollbar):
  - AMERICAN FUND SERVICES MGMT
  - BETA FUNDS MGMT FOR ALLIANCE
  - BFDS UPLOAD GROUP
  - FEDERATED SERVICES - TEST
  - FORTIS FINANCIAL GROUP
  - FOUNDERS FUNDS, INC 2
  - FRANK RUSSELL INVESTMENT COMPANY
  - FRANK RUSSELL INVESTMENT COMPANY
  - GLOBAL PRIME INVESTORS FUNDS
  - JANUS CAPITAL CORP FOR JM
- Buttons: "SELECT" and "Help".
- Copyright notice: "Copyright © 1998 DST Systems Inc. All Rights Reserved."

Management Company Selection window

FIGURE 8(B)



Vision Menu

- Fund Information
- Net Access Value Summary
- Distribution Information
- Order Information
- Dealer Information
- Account Summary By Rep/Advisor

Search Accounts By:

- Retirement Plans
- Retirement Plan Information

Electronic Media

- Electronic Statements
- View Fund Documents

[Return To Management Company Selection](#)

**GLOBAL PRIME INVESTORS FUNDS**

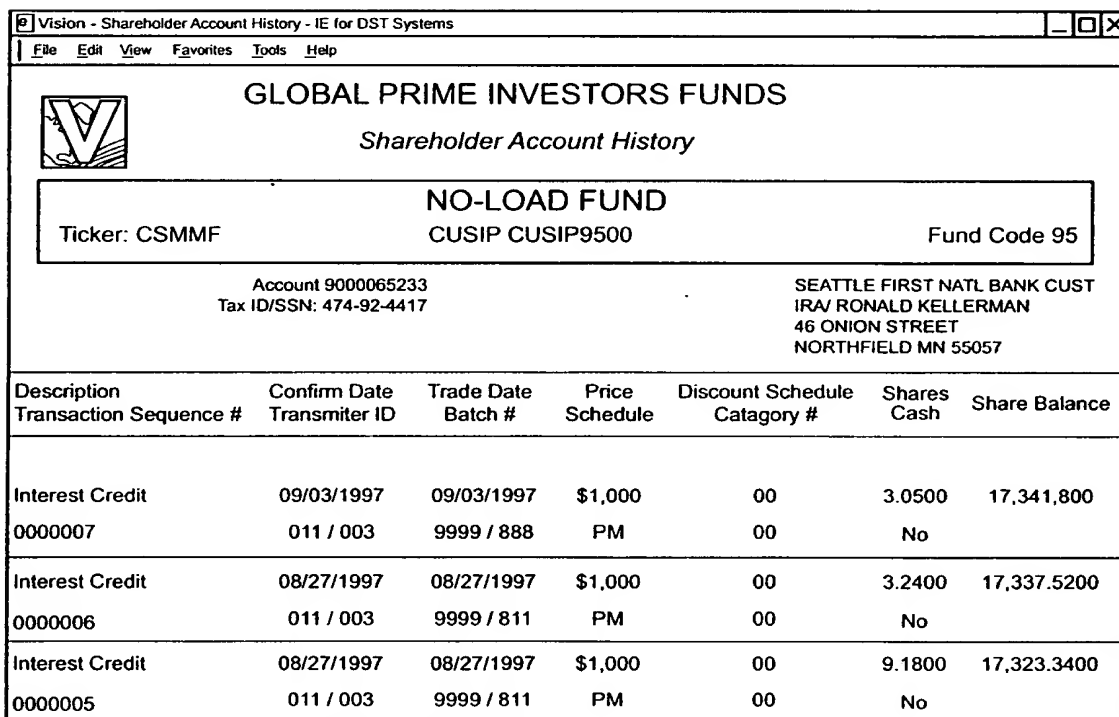
For Fund and Shareholder information, please call (816) 843-6712.

[E-Mail to GLOBAL PRIME INVESTORS FUNDS](#) [Disclaimer](#) [Help](#)  
[E-Mail to Vision Support](#)

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Vision Menu Window

FIGURE 8(C)



GLOBAL PRIME INVESTORS FUNDS

Shareholder Account History

**NO-LOAD FUND**  
 Ticker: CSMMF CUSIP CUSIP9500 Fund Code 95

Account 9000065233  
 Tax ID/SSN: 474-92-4417

SEATTLE FIRST NATL BANK CUST  
 IRA/ RONALD KELLERMAN  
 46 ONION STREET  
 NORTHFIELD MN 55057

Description	Transaction Sequence #	Confirm Date	Transmitter ID	Trade Date	Batch #	Price Schedule	Discount Schedule	Category #	Shares Cash	Share Balance
Interest Credit	0000007	09/03/1997	011 / 003	09/03/1997	9999 / 888	\$1,000 PM	00	00	3.0500	17,341,800
Interest Credit	0000006	08/27/1997	011 / 003	08/27/1997	9999 / 811	\$1,000 PM	00	00	3.2400	17,337.5200
Interest Credit	0000005	08/27/1997	011 / 003	08/27/1997	9999 / 811	\$1,000 PM	00	00	9.1800	17,323.3400

Shareholder Account History Window

FIGURE 8(D)

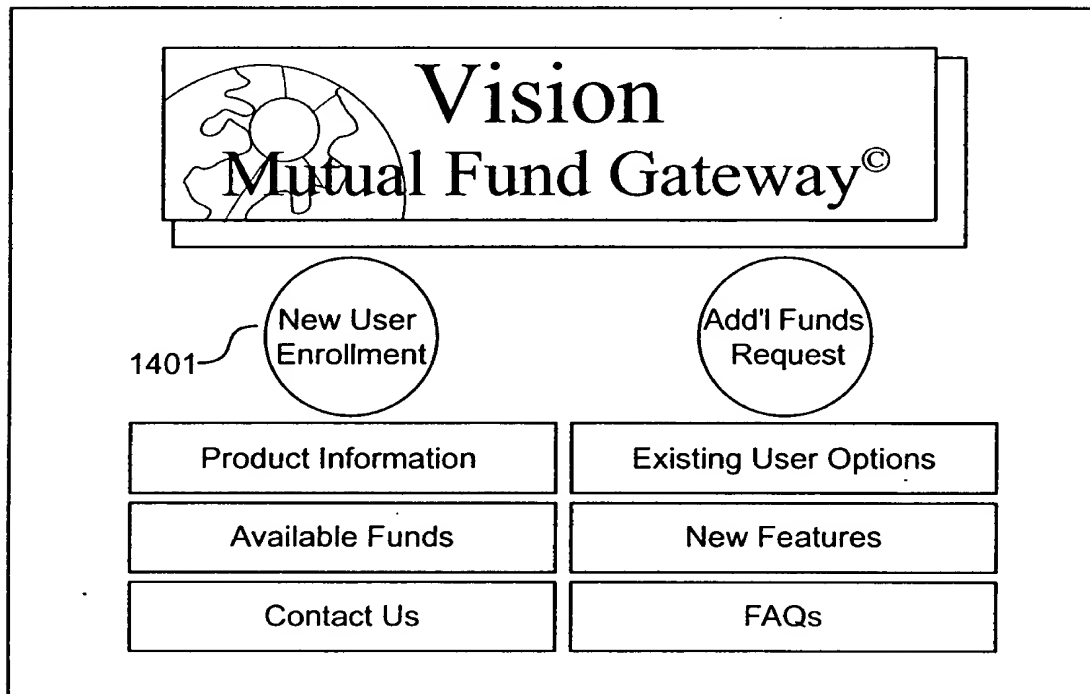


FIGURE 14(a)

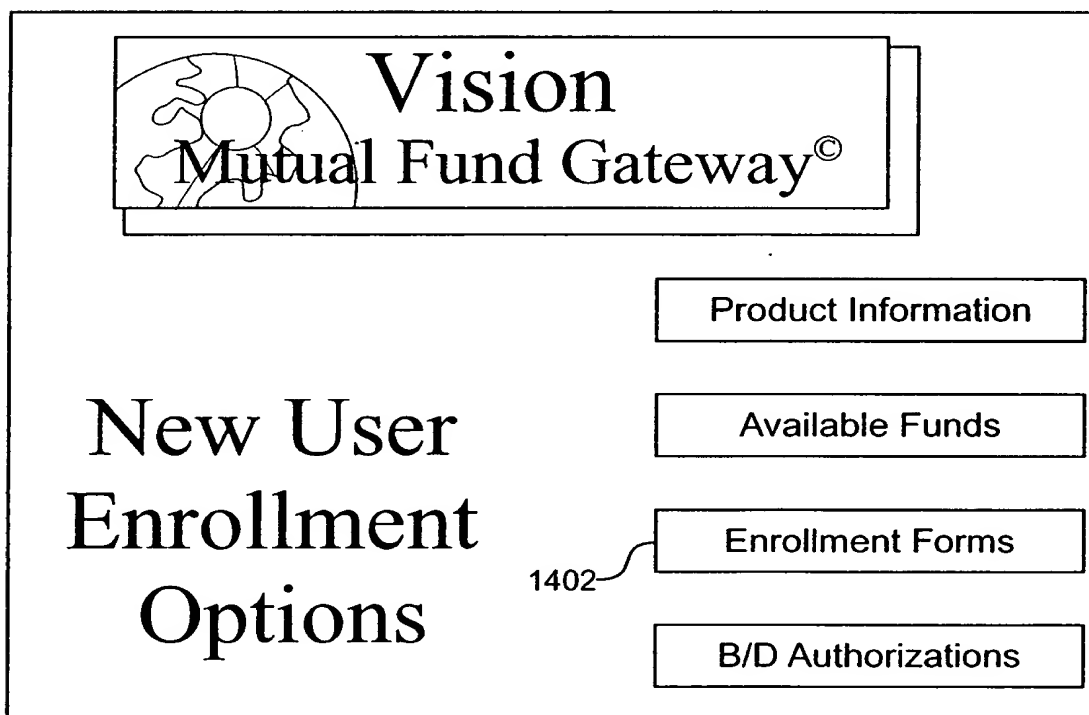
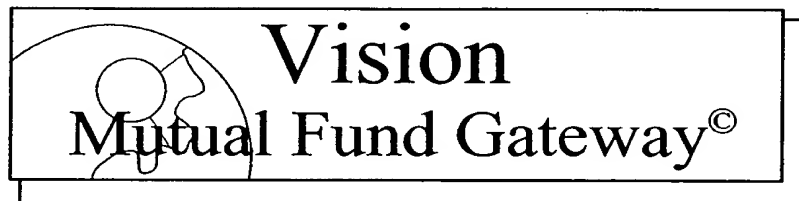


FIGURE 14(b)



## Enrollment Form

*Select the level at which you will access Vision.*

- 1403 — ☐ Dealer Provides access to all accounts assigned to your broker/dealer firm.
- 1404 — ☐ Branch Provides access to all accounts assigned to your branch office.
- 1405 — ☐ Rep Provides access to your individual accounts in which you are the representative or advisor of record. Each representative must complete his or her own enrollment.
- 1406 — ☐ Tax ID Provides access to accounts grouped under a single tax identification number. Tax ID access may be appropriate for trust companies and banking institutions. Tax ID access is not available at the shareowner Social Security level.

FIGURE 14(c)



## Enrollment Form Dealer Access

This enrollment form provides access to all accounts assigned to your Broker/Dealer firm. If you are in the incorrect form, please click "Cancel & Close Window". If this is the correct form for the access you require, please scroll down to complete. Fields marked in **bold** are required.

[Cancel & Close Window](#)

**Broker/Dealer Name:**

**Last:**  **First:**

**Contact Person:**

**Contact's E-Mail Address:**

*Correspondence regarding Vision access is communicated by e-mail; without a valid e-mail address, some communication may be delayed.*

**Mailing Address:**

**City:**

**State or Province:**  **ZIP Code:**  -

**Country:**

**Phone Number:** ()  -  ext.

**Fax Number:** ()  -

**Number of Required Vision IDs:**

[Continue](#) [Reset](#)

[Cancel Enrollment](#)

FIGURE 14(d)



## Enrollment Form Branch Access

This enrollment form provides access to all accounts assigned to your branch office. If you are in the incorrect form, please click "Cancel & Close Window".

If this is the correct form for the access you require, please scroll down to complete. Fields marked in bold are required.

**Broker/Dealer Name:**

**Firm Name:**

**Last:**

**First:**

**Contact Person:**

**Contact's E-Mail Address:**

*Correspondence regarding Vision access  
is communicated by e-mail;  
without a valid e-mail address,  
some communication may be delayed.*

**Mailing Address:**

**City:**

**State or Province:** **ZIP Code:**

-

**Country:**

**Phone Number:** ()  -  ext.

**Fax Number:** ()  -

**Number of Required  
Vision IDs:**

FIGURE 14(e)





## Enrollment Form Representative Access

This enrollment form provides access to your individual accounts in which you are the representative or advisor of record. Each representative must complete his or her own enrollment. If you are in the incorrect form, please click "Cancel & Close Window".

If this is the correct form for the access you require, please scroll down to complete.

Fields marked in **bold** are required.

[Cancel & Close Window](#)

Fields marked in **bold** are required. Correct completion of this form is essential to processing your enrollment. An incomplete form will be returned to you and your enrollment will not be processed until the correct information is submitted.

(If you are not affiliated with a Broker/Dealer, type FEE ADVISOR in this field.)

**Broker/Dealer Name:**

**Firm Name:**

Last:  First:

**Contact Person:**

**Contact's E-Mail Address:**

Correspondence regarding Vision access is communicated by e-mail; without a valid e-mail address, some communication may be delayed.

**Mailing Address:**

**City:**

**State or Province:**  **ZIP Code:**

-

**Country:**  ☒

**Phone Number:** ()  -  ext.

**Fax Number:** ()  -

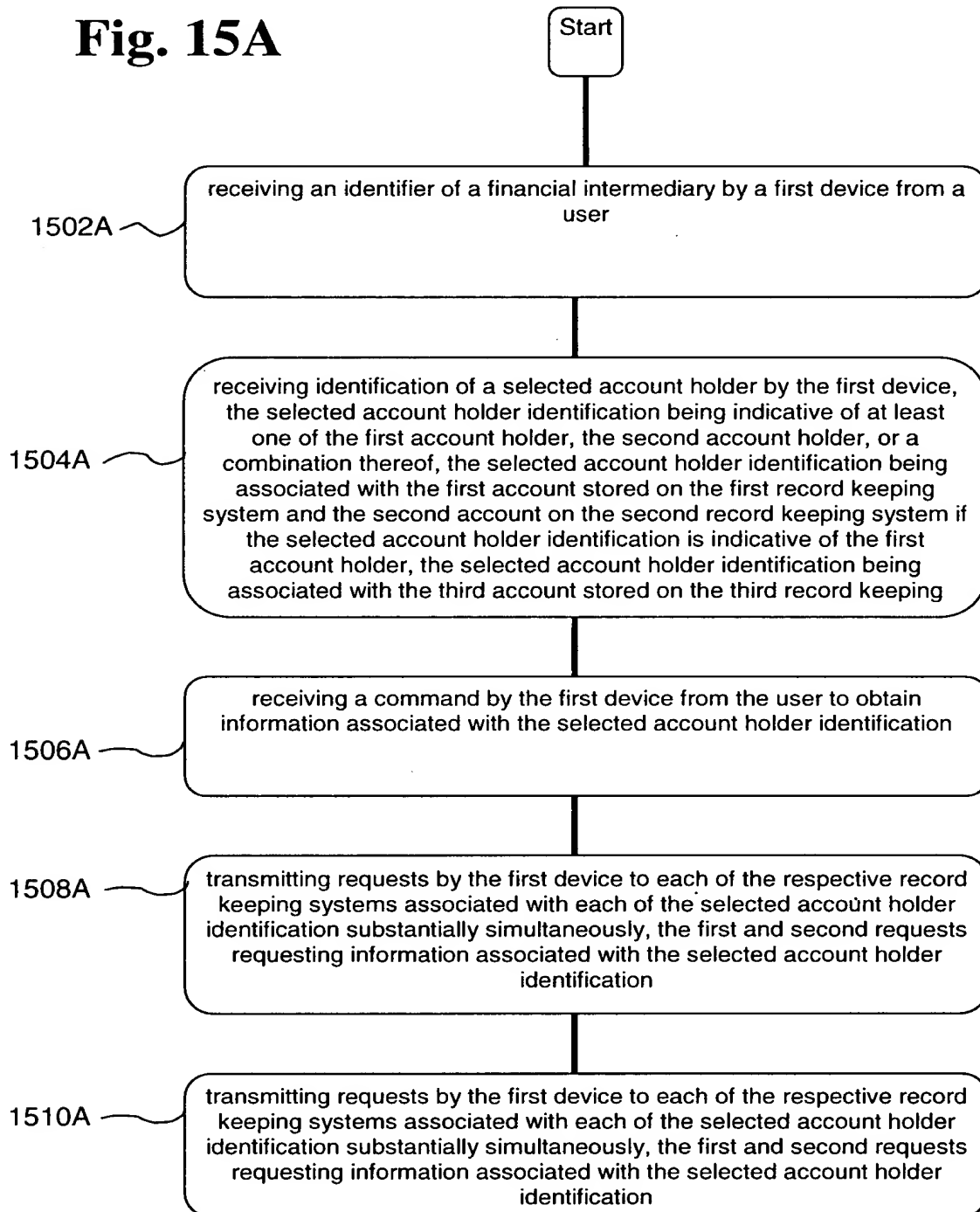
**Number of Required Vision IDs:**

[Continue](#) [Reset](#)

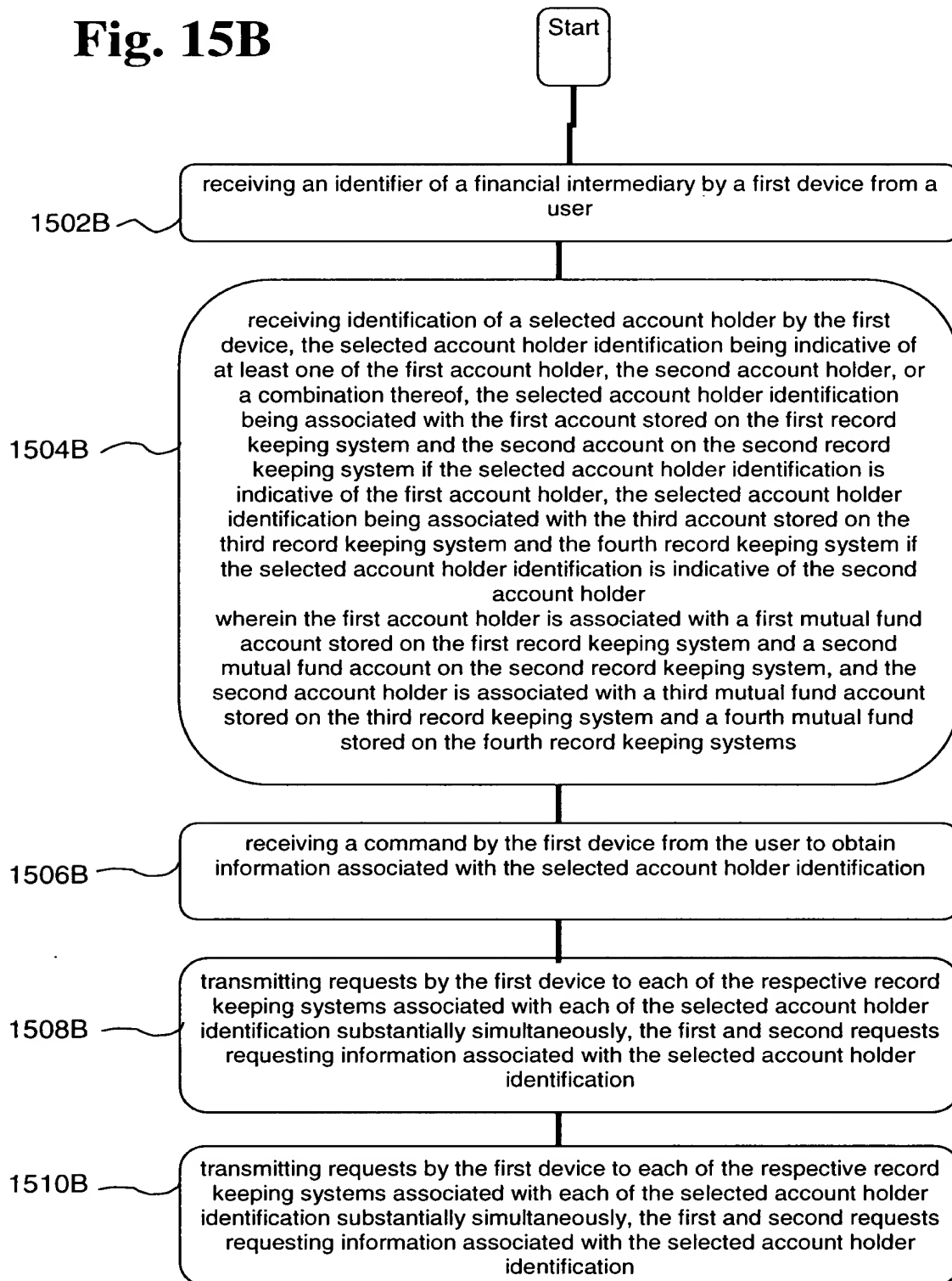
[Cancel Enrollment](#)

FIGURE 14(f)

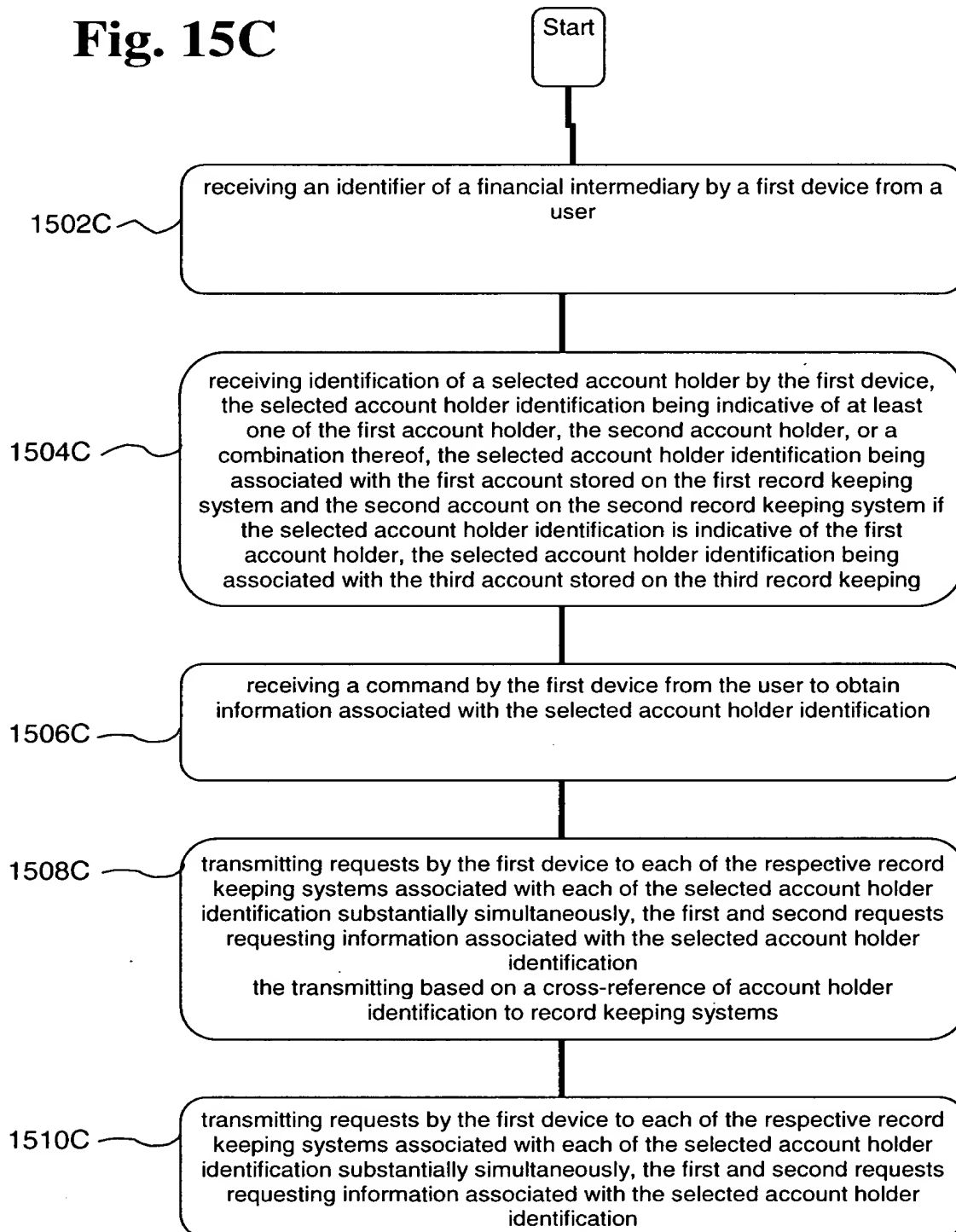
**Fig. 15A**



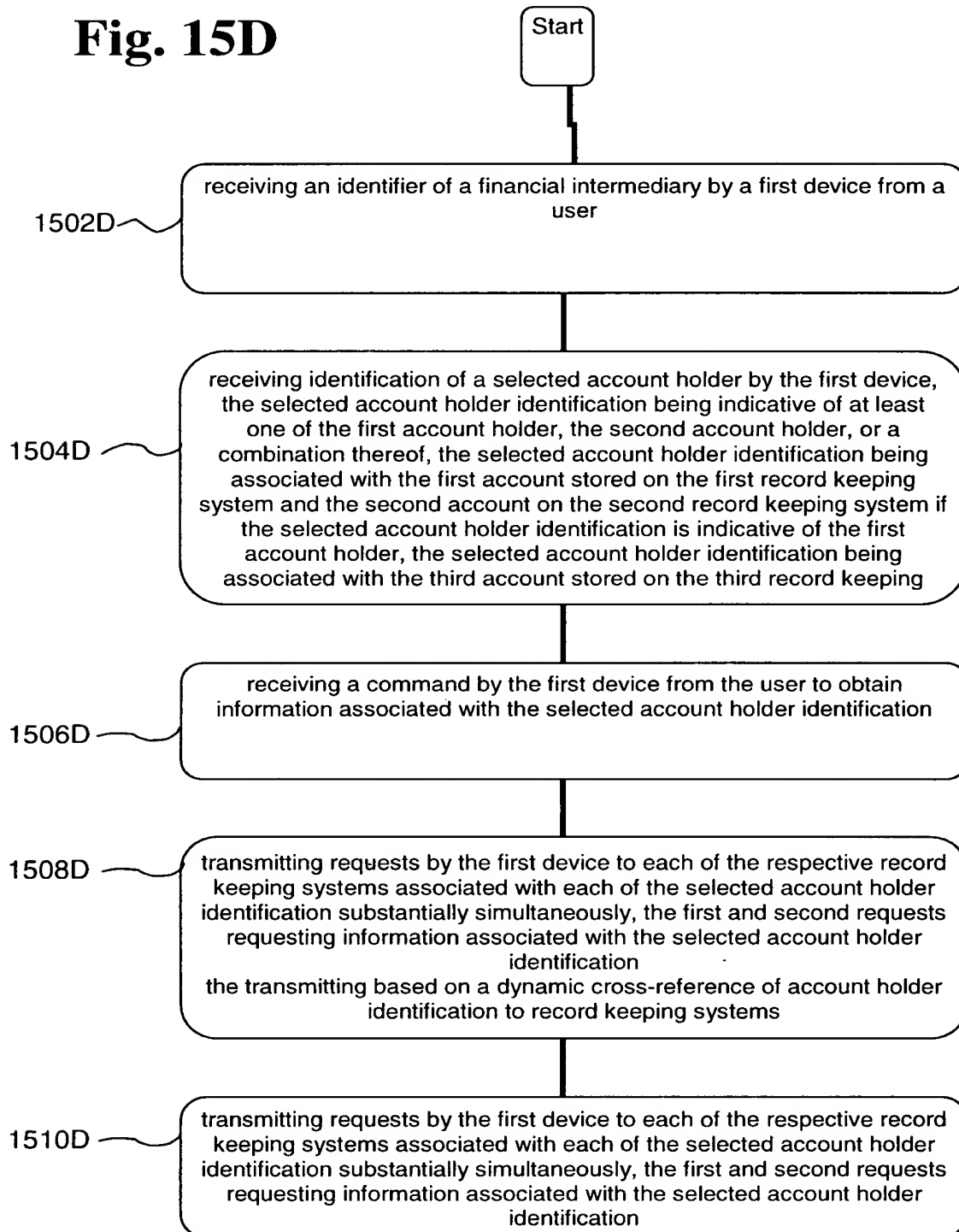
**Fig. 15B**



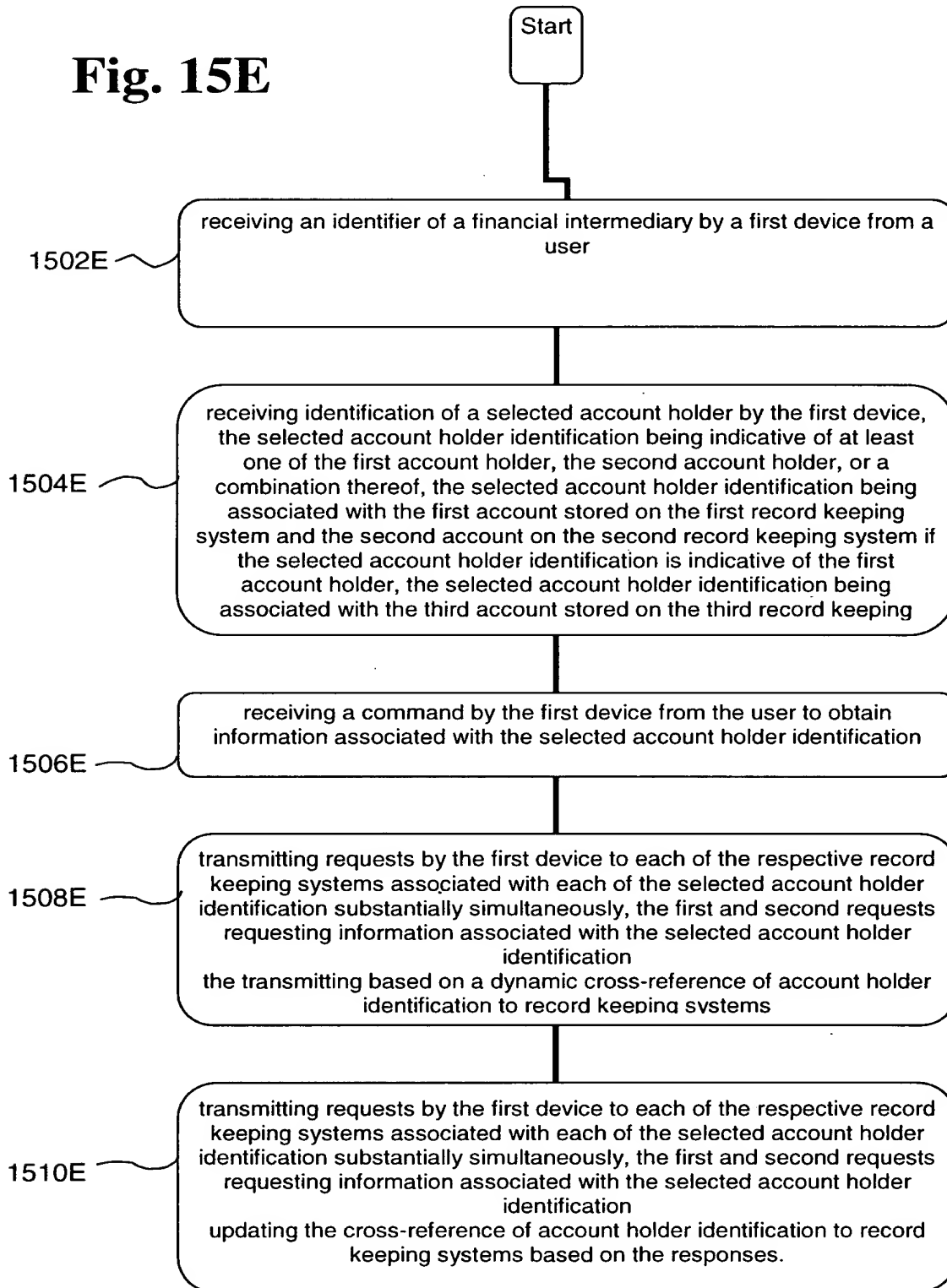
**Fig. 15C**



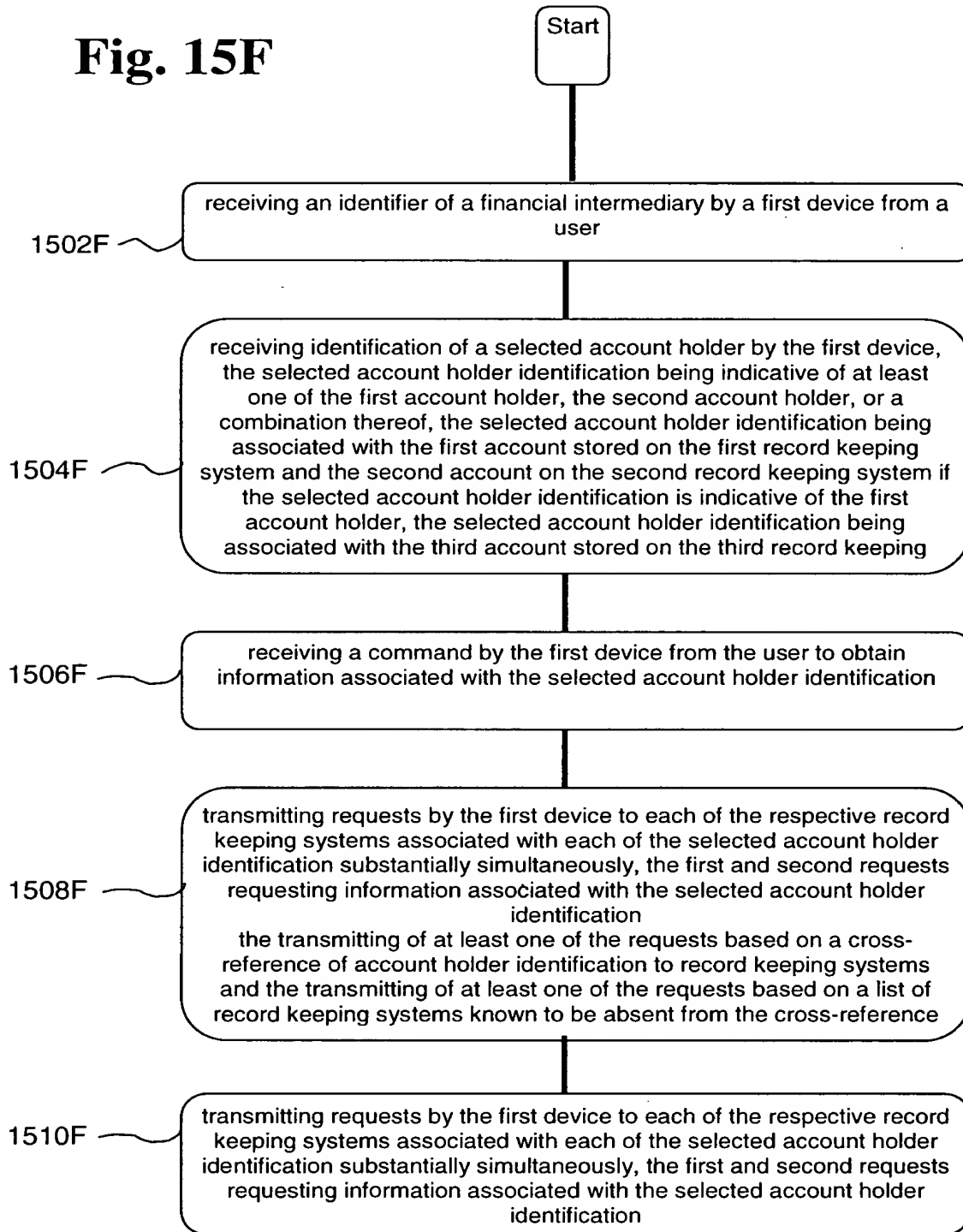
**Fig. 15D**



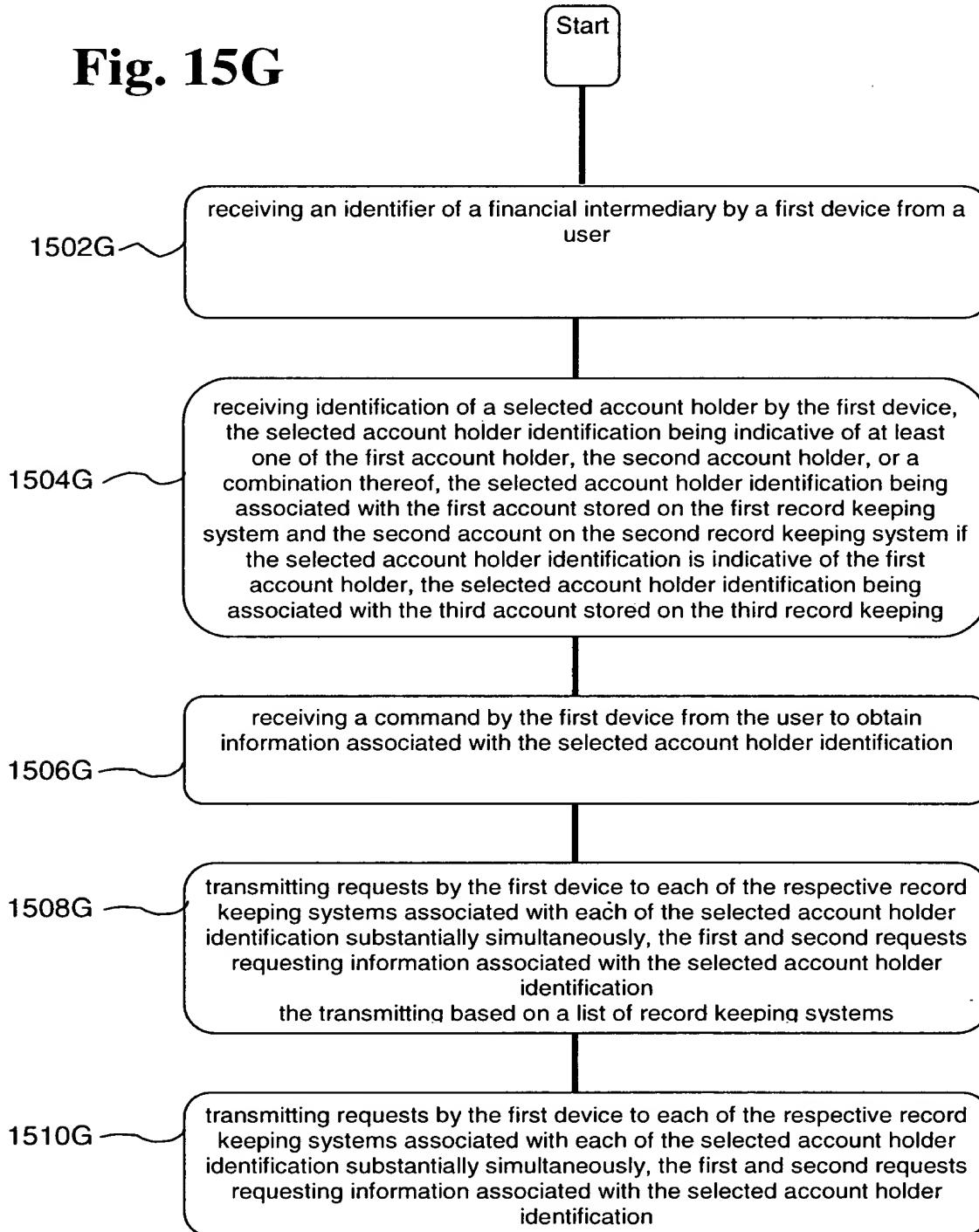
**Fig. 15E**



**Fig. 15F**

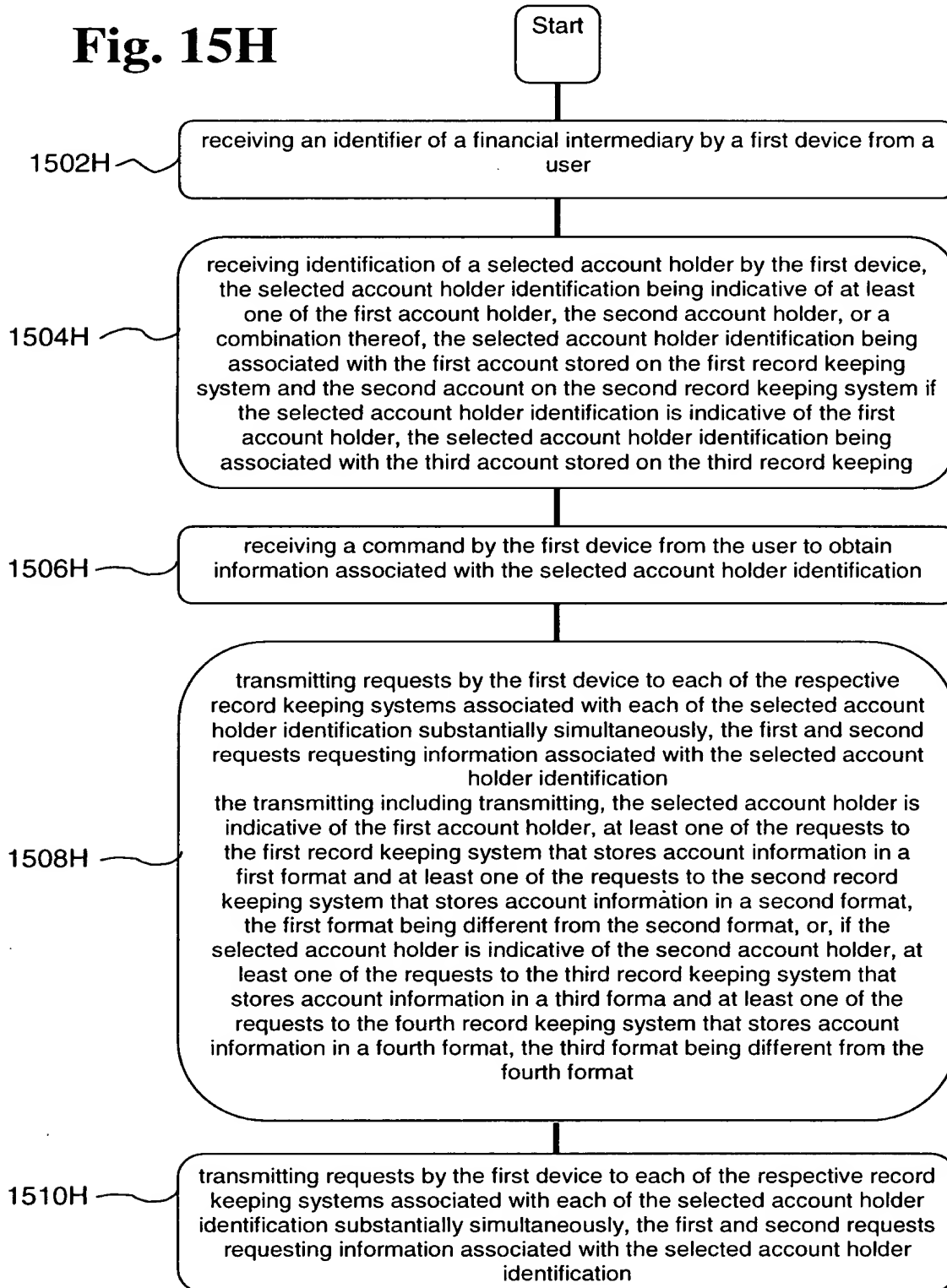


**Fig. 15G**

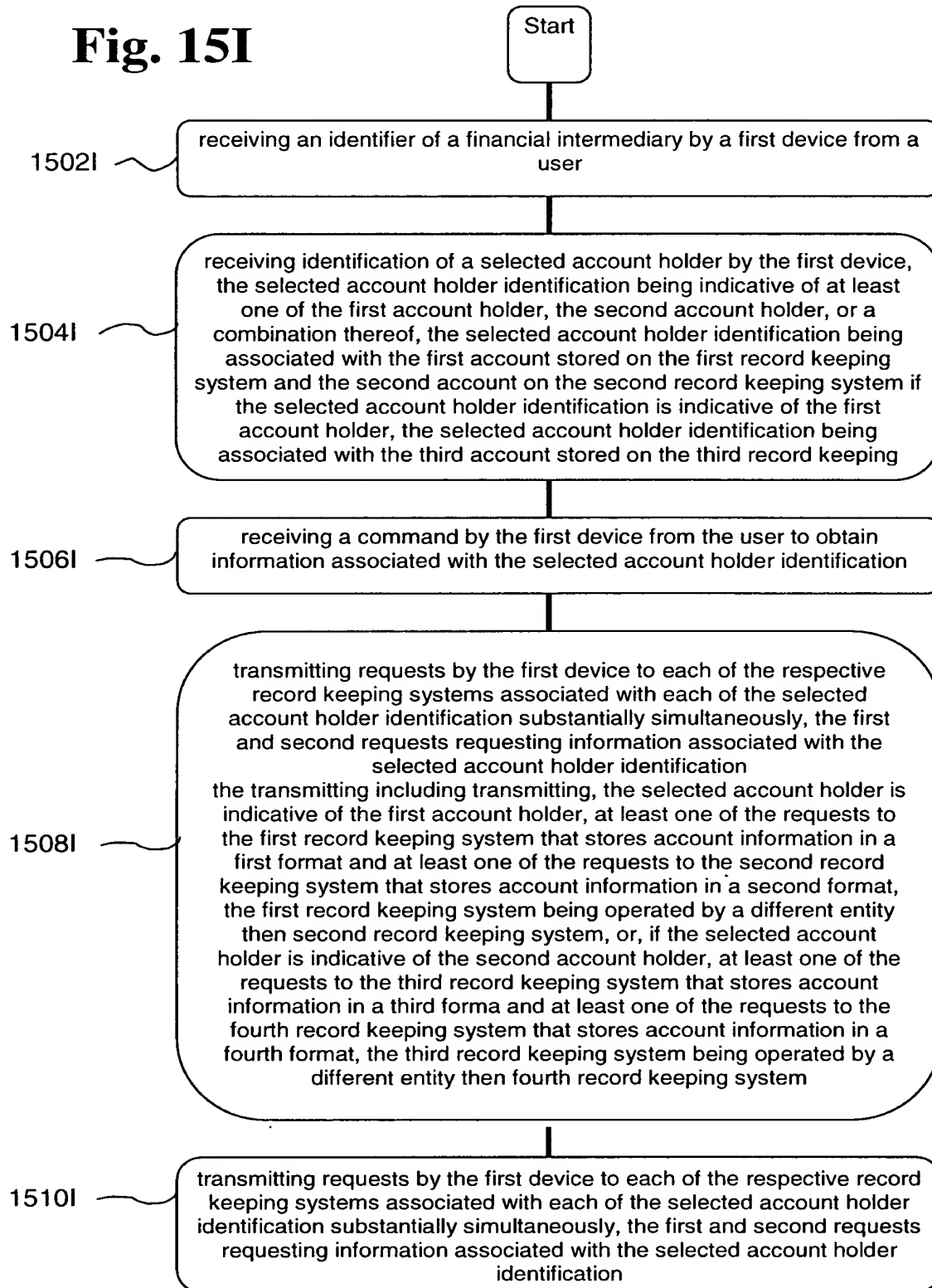




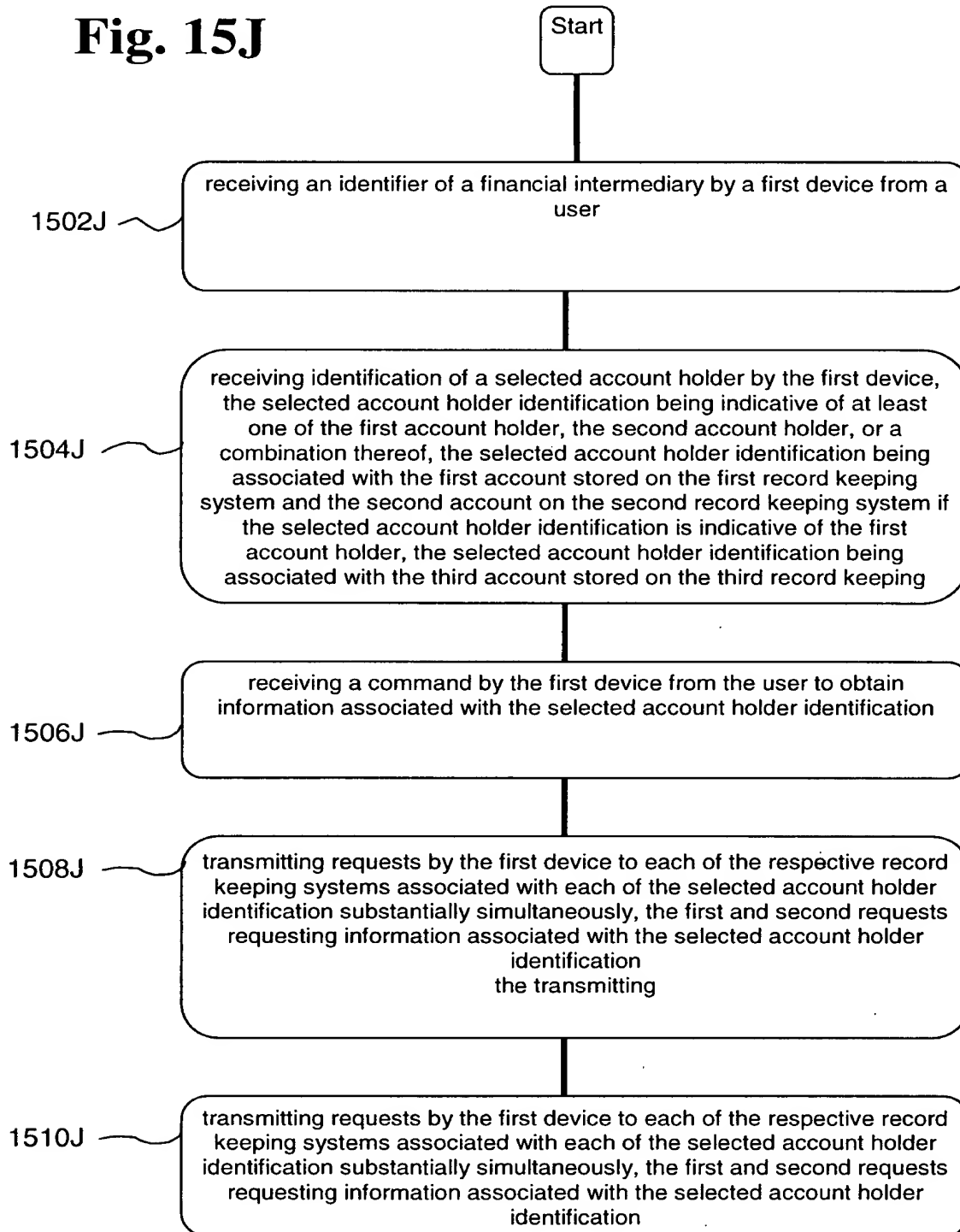
**Fig. 15H**



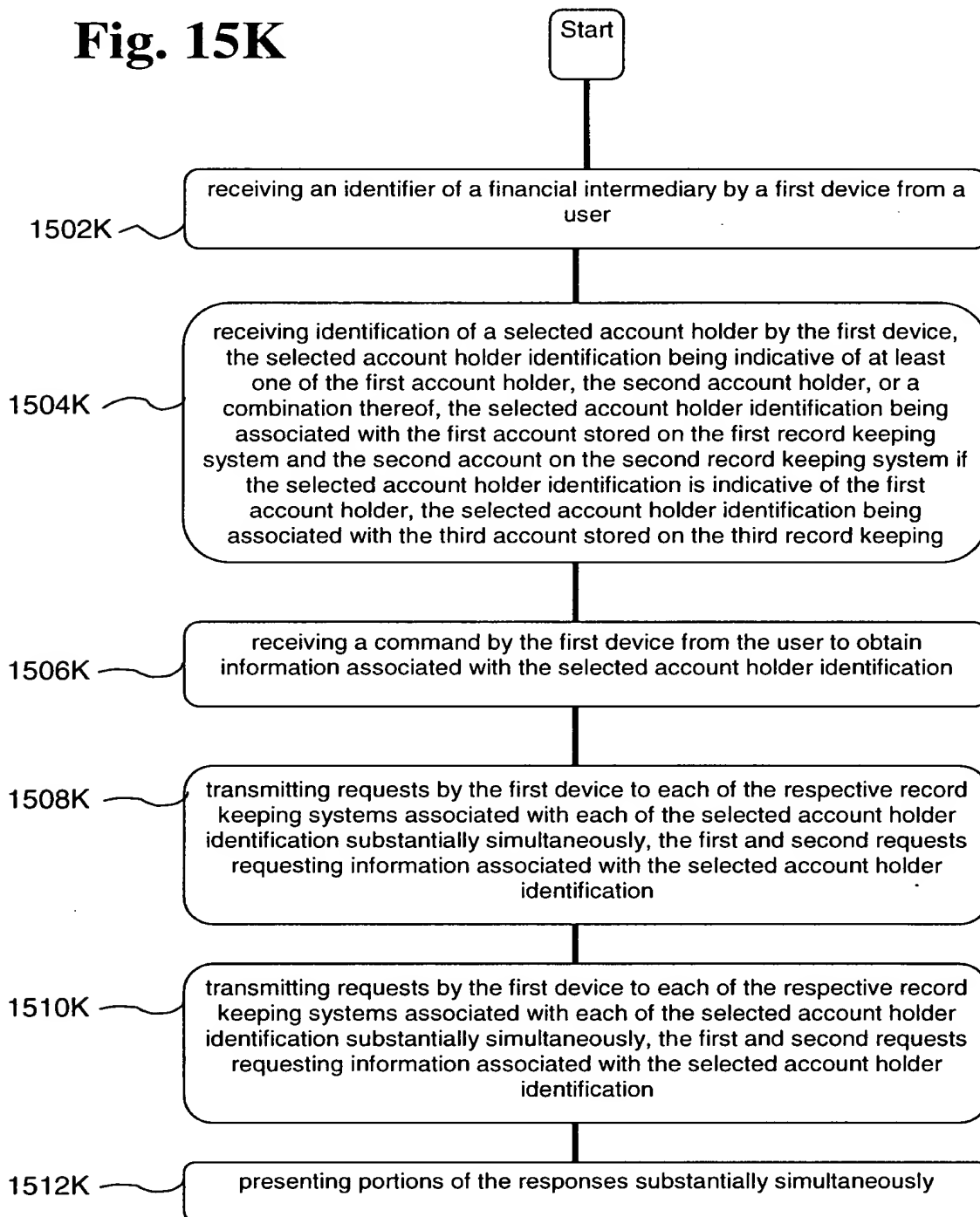
**Fig. 15I**



**Fig. 15J**



**Fig. 15K**



**Fig. 15L**

